

*Jim Gibbons, Governor*



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*Fiona Kelley, O.M.D., Member*  
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*Sae Lee, O.M.D., Member*  
*Joseph Adeshek, M.D., Member*

**STATE OF NEVADA  
BOARD OF ORIENTAL MEDICINE**

December 1, 2010

Dear Licensee:

Pursuant to NRS 634A.167 the annual fee for renewal in order to practice Oriental Medicine in the State of Nevada is coming due. Please remit a check or money order in the amount of Seven Hundred Dollars (\$700.00) *made payable to the Nevada State Board of Oriental Medicine.*

Enclosed is the application for the License renewal that must be received by the board on or before January 31, 2011.

**Renewal applications and payments should be mailed to:**

State of Nevada Board of Oriental Medicine  
9775 S. Maryland Pkwy., Ste. F-280  
Las Vegas, NV 89183

As a reminder, a licensee who earns more than 10 hours of credit for continuing education in any calendar year may **carry forward up to 10 hours** of excess credit and apply such excess credit to the educational requirements for the next calendar year if the licensee indicates in writing, at the time he submits the form for renewal of his license pursuant to NRS 634A.167, that he intends to carry forward such excess credit.

This renewal letter and the application will be posted to the website at [www.oriental.nv.gov](http://www.oriental.nv.gov) under the tab "Licensee Info". If you have any questions please contact the board by phone at (702) 837-8921, or fax at (702) 914-8921.

Sincerely,

Amy Richards  
*Executive Director*

## **LICENSURE RENEWAL FOR CALENDAR YEAR 2011 FACT SHEET**

*Please remit your license fee, the completed fact sheet and CEU Certificate(s) by 1/31/11. Failure to comply may result in additional renewal fees.*

Licensee Name: \_\_\_\_\_  
(Please print the name as it appears on your license)

License Number: \_\_\_\_\_ Date of original issue: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of your business: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Office (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax: Office (\_\_\_\_) \_\_\_\_-\_\_\_\_

Home (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email address: \_\_\_\_\_

### **LICENSURE SCREENING QUESTIONNAIRE**

*If you answer "yes" to any of the screening questions, please give the details on a separate sheet of paper.*

1. In the past year, I have completed 10 hrs of continuing education & I have attached the certificate of completion (Must be previously approved by the Board) Yes\_\_\_\_ No\_\_\_\_
2. In the past two years, I have been convicted of a felony. Yes\_\_\_\_ No\_\_\_\_
3. In the past two years, I have been convicted of a morals charge. Yes\_\_\_\_ No\_\_\_\_
4. In the past two years, I have been treated for the use of narcotics. Yes\_\_\_\_ No\_\_\_\_
5. In the past two years, I have been treated for the use of alcohol. Yes\_\_\_\_ No\_\_\_\_
6. In the past two years, my license by any governmental agency has had some type of action taken against it. Yes\_\_\_\_ No\_\_\_\_
7. In the past two years, I have been treated for a physical or mental condition which may impact upon my ability to practice the Oriental Medicine. Yes\_\_\_\_ No\_\_\_\_

### **CHILD SUPPORT INFORMATION**

*Please circle the number of the statement which best describes your situation. If you circle "2" you must choose the response contained in "3" or "4" that applies to your child support payment obligation.*

1. I currently have no obligation for child support payments.
2. I am currently obligated by Court Order for the payment of child support.
3. No arrearage exists on the child support obligation provided for by Court Order.
4. There currently exists an arrearage on the Court Order for child support payments.

I attest that the above statements are true and factual.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date